

Health Department, City of Baltimore.

Permit No. A 1700 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 - 1887

Full Name of Deceased, William Ed. Blunt

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33

Years, 6

Months, —

Days —

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Brick Moulder

Birth Place, Maryland

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, one year

Place of Death, 205 Payson St

{ Give Street and Number. }

Cause of Death, Inflammation of Lungs

{ First (Primary), }

{ Second (Immediate), }

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem

Date of Burial, July 26th 1887

Undertaker, Julius Koehler

A. Kimmel Warner

M. D.

Medical Attendant.

Place of Business, Sharpe & Cross

Address, 1821 7 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1701 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthias Rapp
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 79 Years, _____ Months, _____ Days.
Color, White
~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, Sailor
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (39 yrs. in America)
Duration of Residence in the City of Baltimore, 39 yrs
Place of Death, { Give Street and Number. } St. Joseph's Hospital
Cause of Death, { First (Primary), Second (Immediate), } Old Age
Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cemetery
Date of Burial, July 26th
{ Undertaker, Jos. Goendens & Son Oscar J. Hickey M. D. Medical Attendant.
Place of Business, 210. St. Schooner Address, do

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 1702 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1887.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Leoline P Beatty.

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, 79 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Widow ✓

Occupation, _____

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, Give Street and Number. 1732 E Baltimore St.

Cause of Death, First (Primary), Second (Immediate), Senility

Duration of Last Sickness, Ailing for months or years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27th 1887

Undertaker, Denny & Mitchell D W Lathrop M. D. Medical Attendant.

Place of Business, 208 Broadway Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 1703 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24. 1887.

Full Name of Deceased, William Hall { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 21 Years, Months, 0 Days.

Color, Black.

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Brooklyn { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, About 18 years

Place of Death, 6 W. Chest St. { Give Street and Number. }

Cause of Death, Consumption { First (Primary), Second (Immediate), }

Duration of Last Sickness, About 7 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Corne

Date of Burial, July 26th 87

Undertaker, Samuel Handy

Place of Business, 416 Cross St. Address, S. Dispensary

J. M. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1704 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25, 1887

Full Name of Deceased, Theo. Parsons { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, Months, Days.

Color, White ☒

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birth Place, Frederick County, Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, 1613 N. Fayette St { Give Street and Number. }

Cause of Death, Paralysis { First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park cemetery

Date of Burial, July 27th 1887

Undertaker, Jos B. Hook J. S. M. Smith Medical Attendant.

Place of Business, 1003 N. Baltimore St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. A 1705 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1887

Full Name of Deceased, Helmina Walker {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Female {Cross out the word not required in this line.}

Age, 19 Years, 10 Months, 26 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ✓

Birth Place, Va. {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 15 yrs -

Place of Death, 1031 Harlem ave. {Give Street and Number.}

Cause of Death, Chronic Diarrhoea {First (Primary), Second (Immediate),}

Duration of Last Sickness, 1 year -

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 26/87

{Undertaker, J. B. Cook {Signature of Undertaker} M. D.

{Place of Business, 1003 W. Baltimore Ave. {Address, 807 W. 1st St. {Signature of Medical Attendant}

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name; sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

The Special Education of Physicians is respectfully invited to the Registrar's Office, and to the Registrar's Office, and to the Registrar's Office.

Health Department, City of Baltimore. 18th

Permit No. A 1706 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25 '9. P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Doud

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 1113 Cr Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Periton
Cholera infant

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 27

{ Undertaker, J B Cook } A H Easton M. D.
Medical Attendant.

{ Place of Business, 1002 W Batten } Address, 1136 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A-1707 Office of Registrar of Vital Statistics.

Ward 18-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elmer Wirt

Sex, Male or Female, { Cross out the word not }
 { required in this line. }

Final

Age, 65 Years, Months, Days.

Color, White

~~Married, Single, Widow or Widower~~ { Cross out the words not
required in this line.

Occupation, House Keep

Birth Place, { (State or country, and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and } 711, Hamburg, N.Y.

Cause of Death, { First (Primary),
Second (Immediate); *Morbi Brighti*

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, July 27 1889

(Undertaker *H. P. Heimerlson*

Place of Business, 221 S. Culver

Address, 602 Duane St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Board of Health, City of Baltimore

Office of Registrar of Vital Statistics.

Permit No. A 1708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, July 26/87

Full Name of Deceased, Chas Johnson

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

Age, 15 Years, — Months, — Days.

Color, Dark

Married, Single, Widowed or Widower, Single

Occupation, None

Birthplace, Balt.

Duration of Residence in the City of Baltimore, During Life

Place of Death, 300 Diamond St

Cause of Death, Pneumonia

Duration of Last Sickness, about one week

Place of Burial, Laurel Cemetery

Date of Burial, July 27th 1887

Undertaker, Sam'l W Chase

Place of Business, 411 S Howard St

Address, 87 Harbor Ave

Medical Attendant, Wm B. Rider M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Association of Physicians is respectfully invited to the annual meeting and to issue of this certificate

Health Department, City of Baltimore.

Permit No. A 1709 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 - 1887

Full Name of Deceased, Emilio Kelly { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give Street and Number. } Off P. B. Coal Pier foot-Canton St.

Cause of Death, { First (Primary), Accidental Drowning Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 26, 1887

{ Undertaker, M. A. Dwyer Atty } E. A. Rutledge M. D.

{ Place of Business, 229 S. Bmy } Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]